

VIRGINIA SCHOOL AGE CHILD CARE GRANT

Grantee Name: _____ **Contract #:** _____

Report Period Ending: ____ 9/30/07 (due by 10/30/07) ____ 12/31/07 (due by 1/30/08) ____ 3/31/08 (due by 4/30/08) ____ 6/30/08 (due by 7/15/08)

Individual Preparing Report:

Name: _____ **Title:** _____ **Phone #:** _____

OUTCOMES		ACTIVITIES		
Project Measurable Outcomes <i>(Changes in knowledge, skills, behavior, attitudes, school performance resulting from project activities outlined in the work plan of your contract)</i>	Performance Measurement / Evaluation Results to date <i>(Instrument or method used to measure outcomes and qualitative results)</i>	Outputs / Activities <i>(Activities and deliverables completed to date that relate to each of the outcomes from your contract)</i>	Show Number Served During Report Period S: Special needs L : Low income D: Disadvantaged 1: ages 5-7 2: ages 8-10 3: ages 11-12	Comments or Issues

*(Attach Additional Sheets if Needed)

Authorized Signature: _____

Date: _____